



Please type a plus sign (+) inside this box $\longrightarrow t$	7
---	---

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB control numb	E1.		,						
	TII ITV 00	Attorney Docke	t Number	98-529	98-5295				
DECLARATION I	IILII Y OR	First Named Inventor J.T. Lin							
DESIGN PATENT APPLICATION			COMPLETE IF KNOWN						
(37 CF		Application Nur	nber	r /					
(3)		,	Filing Date						
☑ Declaration [ Submitted OR	Declar Submi	ration itted after Initia	Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Nam	е					
As a below named inven	tor, I hereb	y declare that:							
My residence, post office a									
i believe I am the original, names are listed below) of	first and so	le inventor (if only of t matter which is cl	one name is listed below aimed and for which a p	<ul> <li>or an original atent is sought</li> </ul>	, first and joint inve on the invention e	entor (if plural intitled:			
TREATMENT (	OF PRE	SBYOPIA AN	D OTHER EYE	OTHER EYE DISORDERS USING					
A DUAL-LAS	ER SCA	NNING SYST	EM						
the specification of which	)	(Title	of the Invention)			i			
OR	_					BCT International			
was filed on (MM/D	DVYYYYO		·		ication Number of	PCT International			
Application Number									
amended by any amendme	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to d	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim		Copy Attached? NO			
, , amount of									
	ļ								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit	J.S.C. 119(e) of any	United States provision	al application(	s) listed below.					
Application Numbe	r(s)	Filing Date	(MM/DD/YYYY)	Additional provisional application					
	Ì		ļ	nu	mbers are listed	on a			
1				su	pplemental prior	ity data sheet			

[Page 1 of 2]

PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







Please type a plus sign (+) inside this box ->

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

								(a) c =	F 1-4:	tio = - '	volication desi-	nating the
I hereby claim to United States of United States of Information which and the national	of America of PCT Inte	i, listed below ernational app erial to patent	v and, inso dication in t ability as c	the manner pro defined in 37 C	vided by the FR 1.56 v	i oi ca		that as II C C	2. 112, I a en the f	acknowl liling dat	edge the duty to te of the prior a	to disclose application
U.S. Parent Application or PCT Parent Number					Parent Filing Date Pa				nt Patent Nu if applicabl			
										·		
Additional	U.S. or PC	CT internation	al applicat	ion numbers ar	re listed or	n a sup	olementa	I priority data	sheet PT	O/SB/0	2B attached he	reto.
As a named inve	entor, I he	reby appoint	the following with:	ng registered pi Customer Num	ractitioner	(s) to p	rosecute	this applicatio	n and to	transac	Flace Cusion	1101
,,quoniaik	00 001			OR		) name	/registrati	ion number lis	ted belov	" L	Number Bar C Label here	
	Registration				,		Nam			Regist Nun	tration nber	
	Name			Nun	nber					_		
		Hobby, I		24,167								
Additional	registered	practitioner(s	) named o	n supplementa	l Register	ed Prac	titioner Ir	nformation she	et PTO/	SB/02C	attached heret	lo.
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: Customer Number or Bar Code Label  OR Correspondence address												
Name	me William M. Hobby, III											
Address	157 1	T. New 1	Englan	nd Avenue	e, Siii	ite	375					
Address	Winte	er Park				Ţ	State FL ZIP 32789			789		
Country				Telepho	ne (4)	07) 644-8888 Fax		(40	(407) 645-3200			
Country U.S.A. Telephone (407) 644-8888 Fax (407) 845-3200  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of S	Name of Sole or First Inventor:							ntor				
Given Name (first and middle [if any])					工	Family Name or Surname						
	J.T. \ /					$\perp$	Lin					
Inventor's Signature		Date				Date	11/6/90					
Residence:	City	Winter	Sprir	ngs State	State FI, Country U.S.A. Citizenship				U.S.			
Post Office A	Post Office Address 730 Willow Run Lane											
Post Office	Address										т	
City		Winter Spring	S State	FL	Z	<u>IP</u>	3270	)8	Cou	untry	U.S.	
<del></del>	Linuanta	rs are being			uppleme	ntal A	 Isnoitibb	Inventor(s)	sheet(s	s) PTO	/SB/02A attac	ched heret

PTO/SB/09 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional)

		90-3273					
Applicant, Patentee, or Identifier:	J.T. Lin						
Application or Patent No.:		,					
Filed or Issued:							
TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS USING Title: A DUAL-LASER SCANNING SYSTEM							
As a below named inventor, I herek for purposes of paying reduced fee	by state that I qualify as an independent invent s to the Patent and Trademark Office describe	tor as defined in 37 CFR 1.9(c) ed in:					
x the specification filed herew	rith with title as listed above.						
the application identified above.							
the patent identified above.							
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).							
Each person, concern, or organiza obligation under contract or law to	ition to which I have assigned, granted, conve assign, grant, convey, or license any rights in	yed, or licensed or am under an the invention is listed below:					
X No such person, concern, or organization exists.							
Each such person, concern, or organization is listed below.							
Separate statements are required for stating their status as small entities	rom each named person, concern, or organiza s. (37 CFR 1.27)	tion having rights to the invention					
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))							
J.T. Lin NAMEOFINAENTOR	NAME OF INVENTOR	NAME OF INVENTOR					
Signature of inventor	Signature of inventor	Signature of inventor					
//-6-98 Date	Date	Date					